

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		* IND.	* DEP.	* IND.	* DEP.	* IND.	* DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1	1						51					
2	1						52					
3		1					53					
4		1					54					
5	1						55					
6		1					56					
7		1					57					
8		1					58					
9		1					59					
10	1						60					
11	1						61					
12		1					62					
13		1					63					
14		1					64					
15	1						65					
16		1					66					
17		1					67					
18		1					68					
19	1						69					
20		1					70					
21		1					71					
22							72					
23							73					
24							74					
25							75					
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39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.	7											
TOTAL DEP.	14											
TOTAL CLAIMS	21											